

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 95000068092

1. Corporation Name

GHAAZEE FOOD MART INC

2. Principal Office Address

3991 TOPEZ LANE

Suite, Apt. #, etc.

City & State

LAVERNE, CA

Zip

91750

Country

U.S.A.

3. Mailing Office Address

3991 TOPEZ LANE

Suite, Apt. #, etc.

City & State

LAVERNE, CA

Zip

91750

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/05/1995

5. FEI Number

65-0605217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHAFIUL CHOWDHURY

Street Address (P.O. Box Number is Not Acceptable)

461 GREYNOLDS CIRCLE

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33465

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/03/2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P | FARID AHMED | 3991 TOPEZ LANE | LAVERNE, CA 91750 |
| VP | AYESHA AHMED | 3991 TOPEZ LANE | LAVERNE, CA 91750 |
| | | | |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

FARID AHMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/2003 909-964-9716

Date

Daytime Phone #

CR2E081 (10/02)

GHAZEE FOOD MART, INC.
3991 TOPEZ LANE
LAVERNE, CA 91750

September 24, 2003,

Division of Corporations
Annual Report / Reinstatement Section
P.O Box 6327
Tallahassee, FL. 32314-6327

Re.: Doc.# P 95000068092
GHAZEE FOOD MART, INC.
2003 Application for Reinstatement


Dear Sir/ Madam,

As my mailing address has change I did not receive 2003 Uniform Business Reports from your department this year. On the Internet, I came to know that my corporation is admin dissolved.

Enclosed please find a check for \$ 150.00 in reference to the filing fees, and this being my first time kindly please waive out the penalty and late charges.

I sincerely apologize for any inconvenience caused to you in this matter and appreciate your consideration.

Thanking you,


Farid Ahmed
President